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February 19, 2018

Mr. Michael Schmoller  
Hydrogeologist  
Wisconsin Department of Natural Resources  
3911 Fish Hatchery Road  
Fitchburg, WI 53711

Subject: Madison-Kipp Corporation  
BRRTS No. 02-13-578014  
On-Site PCB Monitoring and Interim Remedy Status Report

Dear Mr. Schmoller:

On behalf of Madison-Kipp Corporation (MKC) and pursuant to the requirements of Paragraph 9(f)(i) of the Stipulation and Order for Judgment entered by the Court on November 27, 2017, TRC Environmental Corporation submits the attached report. We believe this concludes the requirements for submittals within 90 days of entry of the Stipulation and Order for Judgment.

Please let me or Mark Sheppard of MKC know if you have any questions regarding the attached report or if you are in need of further information.

Sincerely,

TRC Environmental Corporation

Katherine Vater, P.E.  
Project Manager

Attachment

cc: Peter Ramanauskas - USEPA  
Tony Koblinski, Mark Sheppard - Madison-Kipp Corporation  
David Crass - Michael Best & Friedrich LLP  
063628-0040\22792281.1



## **On-Site PCB Monitoring and Interim Remedy Status Report**

**Madison-Kipp Corporation  
201 Waubesa Street  
Madison, Wisconsin**

**WDNR BRRTS #02-13-578014**

**February 2018**

*Prepared For*  
*Madison-Kipp Corporation*  
*201 Waubesa Street*  
*Madison, Wisconsin 53704*

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Stephen Sellwood, P.G., Ph.D.  
Senior Hydrogeologist

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Katherine Vater, P.E.  
Project Manager

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# Section 1

## Introduction

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A Stipulation and Order for Judgment between the State of Wisconsin and Madison-Kipp Corporation (MKC) was entered on November 27, 2017. MKC operates an active manufacturing facility at 201 Waubesa Street (the facility, the Site). The Stipulation and Order for Judgment required that MKC complete the following actions within 90 days of entry:

- Monitoring Well Network modifications (see Section 2)
- Groundwater Monitoring Plan for on-going monitoring of polychlorinated biphenyls (PCBs) (see Section 3)
- Documentation of an Interim Remedy – Cap, and on-going inspection through a Cap Maintenance Plan (see Section 4)



## Section 2

# Monitoring Well Network

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As required by Stipulation and Order for Judgment Paragraph 9(a)(i), four monitoring wells at the MKC facility (MW-22S, MW-22D, MW-23S, and MW-23D) were abandoned on January 16, 2018. These four wells were abandoned by filling the casings with 3/8-inch bentonite chips. Concrete was used to patch the facility floor at the four abandoned well locations. The well abandonment forms are included in Appendix A.

Also as required by Paragraph 9(a)(i), two new monitoring wells (MW-29D and MW-29S) were installed outside the building at the south end of the MKC facility on January 15 and 16, 2018. The location of the new well nest conforms to the requirements in the Stipulation and Order for Judgment and is shown on Figure 1. The boring for MW-29D was drilled using hollow-stem augers to a depth of approximately 29 feet and air rotary drilling to a depth of 50 feet. MW-29D was installed with five (5) feet of PVC screen from approximately 45 feet to 50 feet bgs. Weathered sandstone bedrock was encountered in the MW-29D borehole at a depth of approximately 29 feet and the well is screened within competent sandstone bedrock (Upper Lone Rock Formation). The boring for MW-29S was drilled using hollow-stem augers. MW-29S was installed with 10 feet of PVC screen from approximately 25 feet to 35 feet below ground surface (bgs), and is screened across weathered sandstone bedrock and the overlying unconsolidated fine-grained sand with silt. The monitoring wells were constructed in accordance with Wisconsin Administrative Code (WAC) Chapter NR 141. Boring logs and well construction forms are included in Appendix A.

Following installation, the wells were developed on January 18, 2018, by surging with a pump and pumping to remove sediment-laden water. MW-29D did not purge dry and was pumped between surging events until at least 10 well casing and filter pack volumes of water were removed. MW-29S was purged dry multiple times between surging and pumping. Monitoring well development forms are included in Appendix A.

## Section 3

# Groundwater Monitoring Plan

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Groundwater monitoring for PCBs will be conducted at the Site in compliance with the Stipulation and Order for Judgment, including Paragraphs 9(a)(ii-v).

MKC will conduct semi-annual sampling of the eight monitoring well sampling locations listed in Table 1 utilizing low-flow sampling techniques and laboratory analysis for PCBs using EPA SW-846 Method 8082. Semi-annual sampling is scheduled for April and October of each year.

Groundwater samples collected from the eight wells will be unfiltered. Analysis for Total Suspended Solids (TSS) and Total Dissolved Solids (TDS) data shall be included to evaluate the *in-situ* conditions present during the time of sample collection. These analyses will determine whether conditions at the time of sampling may be causing re-suspension and collection of PCB-impacted residual solids in the screened interval, potentially biasing the reported PCB concentration.

Analytical results of the semi-annual sampling will be provided within 60 days of each sampling event in a summary table.

After five years of semi-annual monitoring, e.g., following the October 2022 sampling event, the WDNR and MKC will review the sampling program and determine if the frequency and/or location of sampling can be reduced or discontinued.

## Section 4

# Interim Remedy – Cap

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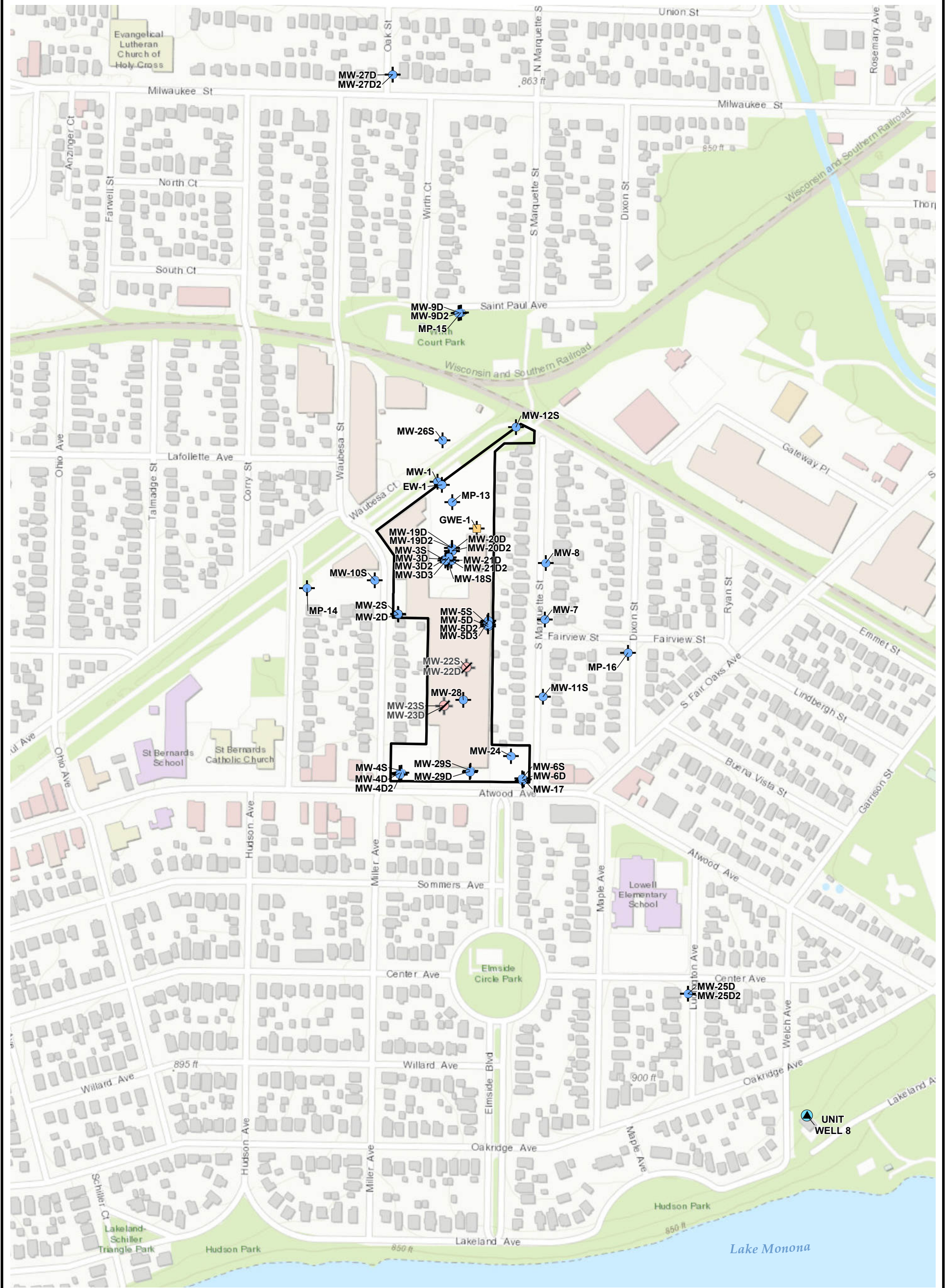
The Stipulation and Order for Judgment outlines requirements for MKC to manage PCB-impacted soil beneath the manufacturing facility. Currently, the facility and associated paved surfaces serve as a protective cap, which is an interim remedy to prevent exposure to the soil. This report hereby documents that the concrete flooring/foundation/pavement are an interim remedy at the site and should be listed as such in the BRRTS database (see Paragraphs 9(f)(i), Stipulation and Order for Judgment).

A Cap Maintenance Plan is included in Appendix B and will be implemented by MKC.

Note that a separate Cap Maintenance Plan is currently in place for the majority of the paved parking lots at the site, as shown in GIS Registry Case Closure Request for BRRTS #02-13-576860 (included as an appendix to the Cap Maintenance Plan in Appendix B).

Table 1  
PCB Groundwater Monitoring Plan  
Madison-Kipp Corporation  
201 Waubesa Street  
Madison, Wisconsin

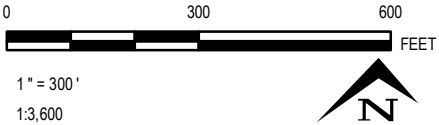
WELL/ POINT ID	FORMATION	SCREENED INTERVAL (ft bgs)	SAMPLE AND REPORTING FREQUENCY	ANALYTE/ ANALYSIS
MW-4S	Unconsolidated/ Upper Lone Rock	35-50	Semi-annual	PCBs, EPA SW-846 Method 8082; TSS, TDS
MW-4D	Lower Lone Rock	65-70	Semi-annual	PCBs, EPA SW-846 Method 8082; TSS, TDS
MW-6S	Unconsolidated/ Upper Lone Rock	31-41	Semi-annual	PCBs, EPA SW-846 Method 8082; TSS, TDS
MW-11S	Unconsolidated	24-34	Semi-annual	PCBs, EPA SW-846 Method 8082; TSS, TDS
MW-24	Upper Lone Rock	30-40	Semi-annual	PCBs, EPA SW-846 Method 8082; TSS, TDS
MW-28	Unconsolidated	28-38	Semi-annual	PCBs, EPA SW-846 Method 8082; TSS, TDS
MW-29S	Unconsolidated	25-35	Semi-annual	PCBs, EPA SW-846 Method 8082; TSS, TDS
MW-29D	Upper Lone Rock	45-50	Semi-annual	PCBs, EPA SW-846 Method 8082; TSS, TDS




LEGEND

- SITE PROPERTY BOUNDARY
- MONITORING WELL
- ABANDONED MONITORING WELL
- GROUNDWATER EXTRACTION WELL
- MUNICIPAL SUPPLY WELL

BASE MAP FROM ESRI, "WORLD TOPOGRAPHIC MAP" WEB BASEMAP SERVICE LAYER.



<div><div>708 Heartland Trail Suite 3000 Madison, WI 53717 Phone: 608.826.3600</div></div>	PROJECT: <div>MADISON-KIPP CORPORATION 201 WAUBESA STREET MADISON, WISCONSIN</div>	DRAWN BY: JPAPEZ
	TITLE: <div>WELL LOCATIONS MAP</div>	CHECKED BY: ASTEHN
		APPROVED BY: KVATER
		DATE: FEBRUARY 2018
		PROJ. NO.: 269392
		FILE: 269392-004.mxd
		FIGURE 1

# Appendix A

## Boring Logs, Monitoring Well Development Forms, Well Abandonment Forms, and Well Construction Forms

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### Table of Contents

- Boring Logs
- Monitoring Well Development Forms
- Well Abandonment Forms
- Well Construction Forms



## Boring Logs

Route To: Watershed/Wastewater ☐ Waste Management ☐  
Remediation/Redevelopment ☒ Other ☐

Page 1 of 2

Facility/Project Name <b>Madison Kipp Corp</b>		License/Permit/Monitoring Number <b>02-13-578014</b>		Boring Number <b>MW-29D</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Craig Plant Ground Source</b>		Date Drilling Started <b>1/15/2018</b>		Date Drilling Completed <b>1/15/2018</b>	
WI Unique Well No. <b>VS878</b>		DNR Well ID No.		Common Well Name <b>MW-29D</b>	
Final Static Water Level <b>844.8 Feet MSL</b>		Surface Elevation <b>875.9 Feet MSL</b>		Borehole Diameter <b>6.0 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input checked="" type="checkbox"/> State Plane <b>N, E S/C/N</b>		Lat <b>° ' "</b> Long <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SW 1/4 of SW 1/4 of Section 5, T 7 N, R 10 E		County <b>Dane</b>		County Code <b>13</b>	
Facility ID <b>113125320</b>		Civil Town/City/ or Village <b>Madison</b>			

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
				<b>TOPSOIL</b> , organic rich, black, no odor										
1 SS	24 24		2 4	<b>SILTY LEAN CLAY (CL)</b> , slight plasticity, yellowish brown (10YR 5/6), no odor, dry going to moist at 3.5' bgs, stiff going to soft with depth.	CL			0.0	2					3-5
2 SS	24 24		6					0.0	1.25					5-7
3 SS	24 24		8	<b>SILT WITH SAND (ML)</b> , fine grained, yellowish brown (10YR 5/8), no odor, dry, loose.	ML			0.0	1.25					7.5-9.5
4 SS	24 18		10	<b>SILTY LEAN CLAY (CL)</b> , slight plasticity, yellowish brown (10YR 5/6), no odor, moist, soft.	CL			0.0						10-12
5 SS	24 18		12	<b>SAND WITH SILT (SP)</b> , fine grained, trace gravel, yellowish brown (10YR 5/6), no odor, dry, loose.	SP			0.0						12.5-14.5
6 SS	24 12		14	sand with silt, same as above.				0.0						15-17
7 SS	24 12		16					0.0						17.5-19.5
			18	sand with silt, same as above.				0.0						
			20											

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature 	Firm <b>TRC Environmental Corporation</b> 708 Heartland Trail Suite 3000 53717	Tel: 608-826-3600 Fax: 608-238-7156
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This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.



Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
8 SS	24 6		<div> <div></div> <div>22</div> <div>24</div> <div>26</div> <div>28</div> <div>30</div> <div>32</div> <div>34</div> <div>36</div> <div>38</div> <div>40</div> <div>42</div> <div>44</div> <div>46</div> <div>48</div> <div>50</div> </div>	<p><b>SAND WITH SILT (SP)</b>, fine grained, trace gravel, yellowish brown (10YR 5/6), no odor, dry, loose.</p> <p>sand with silt, same as above, dolostone gravel becoming increasingly more present. Split spoon unable to be advanced due to formation stiffness. Drillers switch from 11.25" HSA to 6" air rotary due to difficult drilling conditions.</p> <p><b>BEDROCK</b>, non-competent bedrock encountered at 29' bgs, drillers pull out and advance 11.25" HSA to 29' bgs to avoid boring blow out and collapse during air rotary. Cuttings recovered are fine sand and dolostone mixture.</p> <p>bedrock, same as above.</p> <p><b>BEDROCK</b>, sandstone, drillers indicate bedrock has become more competent then 29-39' bgs.</p> <p>bedrock, same as above.</p> <p>Boring terminated at 50.5' bgs (1/15/2018).</p>	SP			0.0						20-22

Route To: Watershed/Wastewater ☐ Waste Management ☐  
Remediation/Redevelopment ☒ Other ☐

Page 1 of 2

Facility/Project Name <b>Madison Kipp Corp</b>		License/Permit/Monitoring Number <b>02-13-578014</b>		Boring Number <b>MW-29S</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Craig Plant Ground Source</b>		Date Drilling Started <b>1/16/2018</b>		Date Drilling Completed <b>1/16/2018</b>	
Drilling Method <b>hollow stem auger</b>					
WI Unique Well No. <b>VS879</b>	DNR Well ID No.	Common Well Name <b>MW-29S</b>	Final Static Water Level <b>847.5 Feet MSL</b>	Surface Elevation <b>876.0 Feet MSL</b>	Borehole Diameter <b>8.0 inches</b>
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input checked="" type="checkbox"/> State Plane <b>N, E S/C/N</b>			Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
<b>SW 1/4 of SW 1/4 of Section 5, T 7 N, R 10 E</b>			Lat _____ ' _____" Long _____ ' _____"		

Facility ID <b>113125320</b>	County <b>Dane</b>	County Code <b>13</b>	Civil Town/City/ or Village <b>Madison</b>
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Sample		Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)							Blow Counts	Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	
			<b>Boring blind drilled to 35' bgs, see MW-29D log for lithology.</b>										
		2											
		4		CL									
		6											
		8		ML									
				CL									
		10											
		12											
		14		SP									
		16											
		18											
		20											

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature 	Firm <b>TRC Environmental Corporation</b> 708 Heartland Trail Suite 3000 53717	Tel: 608-826-3600 Fax: 608-238-7156
--	--	--

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

[illegible]

## Monitoring Well Development Forms


Route To: Watershed/Wastewater ☐  
Remediation/Redevelopment ☒

Waste Management ☐  
Other ☐

Facility/Project Name <b>Madison Kipp Corp</b>	County <b>Dane</b>	Well Name <b>MW-29D</b>	
Facility License, Permit or Monitoring Number <b>02-13-578014</b>	County Code <b>13</b>	Wis. Unique Well Number <b>VS878</b>	DNR Well Number

1. Can this well be purged dry? ☐ Yes ☒ No

2. Well development method:

- surged with bailer and bailed ☐ 4 1  
surged with bailer and pumped ☐ 6 1  
surged with block and bailed ☐ 4 2  
surged with block and pumped ☐ 6 2  
surged with block, bailed, and pumped ☐ 7 0  
compressed air ☐ 2 0  
bailed only ☐ 1 0  
pumped only ☐ 5 1  
pumped slowly ☐ 5 0  
other Surged Pump and Pumped ☒ 

3. Time spent developing well **120** min.

4. Depth of well (from top of well casing) **52.0** ft.

5. Inside diameter of well **2.03** in.

6. Volume of water in filter pack and well casing **8.07** gal.

7. Volume of water removed from well **110.0** gal.

8. Volume of water added (if any) **0.0** gal.

9. Source of water added N/A

10. Analysis performed on water added? ☐ Yes ☒ No  
(If yes, attach results)

17. Additional comments on development:

11. Depth to Water Before Development After Development

(from top of well casing) a. **31.10** ft. **31.97** ft.

Date b. **1/18/2018** **1/18/2018**

Time c. **10:30** ☒ a.m. ☐ a.m.  
☐ p.m. **03:15** ☒ p.m.

12. Sediment in well bottom **14.3** inches **0.0** inches

13. Water clarity Clear ☐ 1 0 Clear ☐ 2 0  
Turbid ☒ 1 5 Turbid ☒ 2 5  
(Describe) (Describe)  
Brown Light brown

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids mg/l mg/l

15. COD mg/l mg/l

16. Well developed by: Person's Name and Firm

**Wesley Braga**  
**TRC Environmental**

Facility Address or Owner/Responsible Party Address

Name: Mark Sheppard

Firm: Madison Kipp Corp.

Street: 201 Waubesa St

City/State/Zip: Madison, WI 53704

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: 

Print Name: Wesley Braga

Firm: TRC Environmental Corporation


Route To: Watershed/Wastewater ☐  
Remediation/Redevelopment ☒

Waste Management ☐  
Other ☐

Facility/Project Name <b>Madison Kipp Corp</b>	County <b>Dane</b>	Well Name <b>MW-29S</b>	
Facility License, Permit or Monitoring Number <b>02-13-578014</b>	County Code <b>13</b>	Wis. Unique Well Number <b>VS879</b>	DNR Well Number

1. Can this well be purged dry? ☒ Yes ☐ No

2. Well development method:

- surged with bailer and bailed ☐ 4 1  
surged with bailer and pumped ☐ 6 1  
surged with block and bailed ☐ 4 2  
surged with block and pumped ☐ 6 2  
surged with block, bailed, and pumped ☐ 7 0  
compressed air ☐ 2 0  
bailed only ☐ 1 0  
pumped only ☐ 5 1  
pumped slowly ☐ 5 0  
other Surged Pump and Pumped ☒ 

3. Time spent developing well **120** min.

4. Depth of well (from top of well casing) **36.2** ft.

5. Inside diameter of well **2.03** in.

6. Volume of water in filter pack and well casing **8.80** gal.

7. Volume of water removed from well **35.0** gal.

8. Volume of water added (if any) **0.0** gal.

9. Source of water added N/A

10. Analysis performed on water added? ☐ Yes ☒ No  
(If yes, attach results)

17. Additional comments on development:

11. Depth to Water Before Development After Development

(from top of well casing) a. **28.51** ft. **32.85** ft.

Date b. **1/18/2018** **1/18/2018**

Time c. **10:35** ☒ a.m. ☐ a.m.  
☐ p.m. **02:45** ☒ p.m.

12. Sediment in well bottom **0.0** inches **0.0** inches

13. Water clarity Clear ☐ 1 0 Clear ☒ 2 0  
Turbid ☒ 1 5 Turbid ☐ 2 5  
(Describe) (Describe)  
Brown None

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids **mg/l** **mg/l**

15. COD **mg/l** **mg/l**

16. Well developed by: Person's Name and Firm

**Wesley Braga**  
**TRC Environmental**

Facility Address or Owner/Responsible Party Address

Name: Mark Sheppard

Firm: Madison Kipp Corp.

Street: 201 Waubesa St

City/State/Zip: Madison, WI 53704

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature:  \_\_\_\_\_

Print Name: Wesley Braga

Firm: TRC Environmental Corporation

## Well Abandonment Forms



# Well / Drillhole / Borehole Filling & Sealing

Form 3300-5 (R 4/2015)

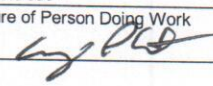
Page 1 of 2

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return this form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☐ Verification Only of Fill and Seal

## Route to DNR Bureau:

☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other

1. Well Location Information				2. Facility / Owner Information			
County Dane		WI Unique Well # of Removed Well (MW-22D)		Hicap #		Facility Name Madison Kipp Corp	
Latitude / Longitude (see instructions) ° N ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 113125320	
1/4 1/4 SW 1/4 SW		Section 5		Township 7		License/Permit/Monitoring # 02-13-578014	
or Gov't Lot #		Range 10		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner Madison Kipp Corp.	
Well Street Address 201 Waubesa St				Present Well Owner Mark Sheppard			
Well City, Village or Town Madison				Mailing Address of Present Owner 201 Waubesa St			
Subdivision Name				Lot #		City of Present Owner Madison	
Reason For Removal From Service Well Decommission				WI Unique Well # of Replacement Well			
3. Filled & Sealed Well / Drillhole / Borehole Information							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 01/05/2013					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.					
<input type="checkbox"/> Borehole / Drillhole							
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify)							
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock							
Total Well Depth From Ground Surface (ft) 50.0		Casing Diameter (in.) 2.03					
Lower Drillhole Diameter (in.) 8.0		Casing Depth (ft.) 45.0					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
If yes, to what depth (feet) 41.0		Depth to Water (feet) 28.3					
5. Material Used to Fill Well / Drillhole				4. Pump, Liner, Screen, Casing & Sealing Material			
				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain) Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
				From (ft.) To (ft.) No. Yards, Sacks Sealant or Volume (circle one) Mix Ratio or Mud Weight 3/8" Hole Plug Surface 50.0 1.09 cubic feet			
6. Comments							
MW-22D							
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing Ground Source		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 01/16/2018		Date Received	
Street or Route 3671 Monroe Rd.				Telephone Number 920.336.3659		Comments	
City DePere		State WI		ZIP Code 54115		Signature of Person Doing Work 	
						Date Signed 2-2-18	

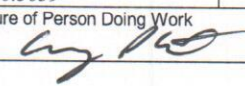


Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return this form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☐ Verification Only of Fill and Seal

**Route to DNR Bureau:**

☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Dane</b>		WI Unique Well # of Removed Well <b>(MW-22S)</b>		Hicap #		Facility Name <b>Madison Kipp Corp</b>	
Latitude / Longitude (see instructions) ° <b>N</b> ° <b>W</b>		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>113125320</b>	
1/4 1/4 SW 1/4 SW		Section <b>5</b>		Township <b>7</b>		License/Permit/Monitoring # <b>02-13-578014</b>	
or Gov't Lot #		Range <b>10</b>		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner <b>Madison Kipp Corp.</b>	
Well Street Address <b>201 Waubesa St</b>				Present Well Owner <b>Mark Sheppard</b>			
Well City, Village or Town <b>Madison</b>				Mailing Address of Present Owner <b>201 Waubesa St</b>			
Subdivision Name				Lot #		City of Present Owner <b>Madison</b>	
						State <b>WI</b>	
						ZIP Code <b>53704</b>	
4. Pump, Liner, Screen, Casing & Sealing Material							
Reason For Removal From Service <b>Well Decommission</b>				WI Unique Well # of Replacement Well			
3. Filled & Sealed Well / Drillhole / Borehole Information							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>01/05/2013</b>					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.					
<input type="checkbox"/> Borehole / Drillhole							
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____							
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock							
Total Well Depth From Ground Surface (ft) <b>35.0</b>		Casing Diameter (in.) <b>2.03</b>					
Lower Drillhole Diameter (in.) <b>8.0</b>		Casing Depth (ft.) <b>25.0</b>					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
If yes, to what depth (feet)? <b>21.0</b>		Depth to Water (feet) <b>28.5</b>					
Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain) _____							
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips							
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry							
5. Material Used to Fill Well / Drillhole				From (ft.)		To (ft.)	
						No. Yards, Sacks Sealant or Volume (circle one)	
						Mix Ratio or Mud Weight	
<b>3/8" Hole Plug</b>				<b>Surface</b>		<b>35.0</b>	
						<b>0.76 cubic feet</b>	
6. Comments							
<b>MW-22S</b>							
7. Supervision of Work						DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Ground Source</b>				License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>01/16/2018</b>	
Street or Route <b>3671 Monroe Rd.</b>				Telephone Number <b>920.336.3659</b>		Date Received <b>2-2-18</b>	
City <b>DePere</b>				State <b>WI</b>		Noted By	
				ZIP Code <b>54115</b>		Comments	
				Signature of Person Doing Work 		Date Signed <b>2-2-18</b>	



Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return this form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☐ Verification Only of Fill and Seal

**Route to DNR Bureau:**

☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Dane</b>		WI Unique Well # of Removed Well <b>(MW-23D)</b>	Hicap #	Facility Name <b>Madison Kipp Corp</b>			
Latitude / Longitude (see instructions) ° N ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>113125320</b>			
1/4 SW 1/4 SW or Gov't Lot #		Section <b>5</b>	Township <b>7</b>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <b>02-13-578014</b>		
Well Street Address <b>201 Waubesa St</b>				Original Well Owner <b>Madison Kipp Corp.</b>			
Well City, Village or Town <b>Madison</b>				Present Well Owner <b>Mark Sheppard</b>			
Subdivision Name				Mailing Address of Present Owner <b>201 Waubesa St</b>			
Well ZIP Code <b>53704</b>				City of Present Owner <b>Madison</b>			
State <b>WI</b>				ZIP Code <b>53704</b>			
4. Pump, Liner, Screen, Casing & Sealing Material							
Reason For Removal From Service <b>Well Decommission</b>				WI Unique Well # of Replacement Well			
3. Filled & Sealed Well / Drillhole / Borehole Information							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>01/03/2013</b>					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.					
<input type="checkbox"/> Borehole / Drillhole							
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____							
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock							
Total Well Depth From Ground Surface (ft) <b>50.0</b>		Casing Diameter (in.) <b>2.03</b>					
Lower Drillhole Diameter (in.) <b>8.0</b>		Casing Depth (ft.) <b>45.0</b>					
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)? <b>41.0</b>		Depth to Water (feet) <b>27.7</b>					
5. Material Used to Fill Well / Drillhole				No. Yards, Sacks Sealant or Volume (circle one)			
				From (ft.)	To (ft.)	Mix Ratio or Mud Weight	
<b>3/8" Hole Plug</b>				<b>Surface</b>	<b>50.0</b>	<b>1.09 cubic feet</b>	
6. Comments							
<b>MW-23D</b>							
7. Supervision of Work						DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Ground Source</b>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>01/16/2018</b>		Date Received	
Street or Route <b>3671 Monroe Rd.</b>		City <b>DePere</b>		Telephone Number <b>920.336.3659</b>		Comments	
State <b>WI</b>		ZIP Code <b>54115</b>		Signature of Person Doing Work <i>Cory R...</i>		Date Signed <b>2-27-8</b>	



Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return this form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☐ Verification Only of Fill and Seal

Route to DNR Bureau:

☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other

1. Well Location Information				2. Facility / Owner Information			
County Dane		WI Unique Well # of Removed Well (MW-23S)		Hicap #		Facility Name Madison Kipp Corp	
Latitude / Longitude (see instructions) N W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 113125320	
1/4 SW		1/4 SW		Section 5		Township 7	
or Gov't Lot #				Range 10		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 201 Waubesa St				Present Well Owner Mark Sheppard			
Well City, Village or Town Madison				Mailing Address of Present Owner 201 Waubesa St			
Subdivision Name				Lot #		City of Present Owner Madison	
Reason For Removal From Service Well Decommission				WI Unique Well # of Replacement Well			
3. Filled & Sealed Well / Drillhole / Borehole Information							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 01/03/2013					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.					
<input type="checkbox"/> Borehole / Drillhole							
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify)							
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock							
Total Well Depth From Ground Surface (ft) 35.0		Casing Diameter (in.) 2.03					
Lower Drillhole Diameter (in.) 8.0		Casing Depth (ft.) 25.0					
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)? 21.0		Depth to Water (feet) 27.5					
5. Material Used to Fill Well / Drillhole				From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Hole Plug				Surface	35.0	0.76 cubic feet	
6. Comments							
MW-23S							
7. Supervision of Work						DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ground Source		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 01/16/2018		Date Received	
Street or Route 3671 Monroe Rd.				Telephone Number 920.336.3659		Comments	
City DePere		State WI		ZIP Code 54115		Signature of Person Doing Work <i>Greg Pelt</i>	
						Date Signed 2-2-18	

## Well Construction Forms

Route To: Watershed/Wastewater ☐  
Remediation/Redevelopment ☒ Waste Management ☐  
Other ☐

MONITORING WELL CONSTRUCTION  
Form 4400-113A Rev. 7-98

Facility/Project Name <b>Madison Kipp Corp</b>		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name <b>MW-29D</b>	
Facility License, Permit or Monitoring No. <b>02-13-578014</b>		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/> Lat. _____ " Long. _____ " or		Wis. Unique Well No. <b>VS878</b> DNR Well Number	
Facility ID <b>113125320</b>		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed <b>01/15/2018</b>	
Type of Well <b>Well Code 12/pz</b>		Section Location of Waste/Source SW 1/4 of SW 1/4 of Sec. <b>5</b> , T. <b>7</b> N, R. <b>10</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) <b>Craig Plant</b>	
Distance from Waste/Source ft.	Enf. Stds. Apply <input checked="" type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number	Ground Source	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <b>877.61</b> ft. MSL	2. Protective cover pipe: a. Inside diameter: <b>4.0</b> in. b. Length: <b>7.0</b> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation <b>875.86</b> ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom <b>874.9</b> ft. MSL or <b>1.0</b> ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px; width: 300px;"> <p>12. USCS classification of soil near screen:</p> <p>GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>  SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>  Bedrock <input checked="" type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input checked="" type="checkbox"/> 50  Hollow Stem Auger <input type="checkbox"/> 41  <b>HSA to 29' bgs</b> Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input checked="" type="checkbox"/> 01  Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Describe <b>N/A</b></p> <p>17. Source of water (attach analysis, if required):  <b>None</b></p> </div>	
E. Bentonite seal, top <b>842.9</b> ft. MSL or <b>33.0</b> ft.	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
F. Fine sand, top <b>834.9</b> ft. MSL or <b>41.0</b> ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. <b>11</b> Lbs/gal mud weight . . . Bentonite slurry <input checked="" type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. <b>20.08</b> Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
G. Filter pack, top <b>832.9</b> ft. MSL or <b>43.0</b> ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
H. Screen joint, top <b>830.7</b> ft. MSL or <b>45.2</b> ft.	7. Fine sand material: Manufacturer, product name & mesh size a. <b>40/60 Badger</b> b. Volume added <b>0.35</b> ft <sup>3</sup>
I. Well bottom <b>825.7</b> ft. MSL or <b>50.2</b> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <b>20/40 Badger</b> b. Volume added <b>1.32</b> ft <sup>3</sup>
J. Filter pack, bottom <b>825.4</b> ft. MSL or <b>50.5</b> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom <b>825.4</b> ft. MSL or <b>50.5</b> ft.	10. Screen material: <b>Sch 40 PVC</b> a. Screen Type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter <b>6.0</b> in.	b. Manufacturer <b>Johnson Screens</b> c. Slot size: <b>0.010</b> in. d. Slotted length: <b>5.0</b> ft.
M. O.D. well casing <b>2.37</b> in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>
N. I.D. well casing <b>2.03</b> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature

*[Signature]*

Firm

TRC Environmental Corporation  
708 Heartland Trail Suite 3000 53717

Tel: 608-826-3600

Fax: 608-238-7156

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater ☐  
Remediation/Redevelopment ☒ Waste Management ☐  
Other ☐

MONITORING WELL CONSTRUCTION  
Form 4400-113A Rev. 7-98

Facility/Project Name <b>Madison Kipp Corp</b>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <b>MW-29S</b>
Facility License, Permit or Monitoring No. <b>02-13-578014</b>	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/> Lat. _____ " Long. _____ " or	Wis. Unique Well No. <b>VS879</b> DNR Well Number _____
Facility ID <b>113125320</b>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <b>01/16/2018</b>
Type of Well <b>Well Code 11/mw</b>	Section Location of Waste/Source <b>SW 1/4 of SW 1/4 of Sec. 5, T. 7 N, R. 10 <input checked="" type="checkbox"/> E <input type="checkbox"/> W</b>	Well Installed By: (Person's Name and Firm) <b>Craig Plant</b>
Distance from Waste/Source ft. <b>Apply</b> <input checked="" type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Ground Source

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <b>877.80</b> ft. MSL	2. Protective cover pipe: a. Inside diameter: <b>4.0</b> in. b. Length: <b>7.0</b> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation <b>875.97</b> ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom <b>875.0</b> ft. MSL or <b>1.0</b> ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input checked="" type="checkbox"/>	
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. <b>6.22</b> Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. <b>40/60 Badger</b> b. Volume added <b>0.65</b> ft <sup>3</sup>
Describe _____ N/A	8. Filter pack material: Manufacturer, product name & mesh size a. <b>20/40 Badger</b> b. Volume added <b>4.27</b> ft <sup>3</sup>
17. Source of water (attach analysis, if required): None	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: <b>Sch 40 PVC</b> a. Screen Type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top <b>856.0</b> ft. MSL or <b>20.0</b> ft.	b. Manufacturer <b>Johnson Screens</b>
G. Filter pack, top <b>854.0</b> ft. MSL or <b>22.0</b> ft.	c. Slot size: <b>0.010</b> in.
H. Screen joint, top <b>851.3</b> ft. MSL or <b>24.6</b> ft.	d. Slotted length: <b>10.0</b> ft.
I. Well bottom <b>841.6</b> ft. MSL or <b>34.4</b> ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>
J. Filter pack, bottom <b>841.0</b> ft. MSL or <b>35.0</b> ft.	
K. Borehole, bottom <b>841.0</b> ft. MSL or <b>35.0</b> ft.	
L. Borehole, diameter <b>8.0</b> in.	
M. O.D. well casing <b>2.37</b> in.	
N. I.D. well casing <b>2.03</b> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature

*Wade J. Plant*

Firm

TRC Environmental Corporation  
708 Heartland Trail Suite 3000 53717

Tel: 608-826-3600

Fax: 608-238-7156

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

# Appendix B

## Cap Maintenance Plan

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## Cap Maintenance Plan

**Madison-Kipp Corporation  
201 Waubesa Street  
Madison, Wisconsin**

*WDNR BRRTS #02-13-578014*

February 2018

*Prepared For  
Madison-Kipp Corporation  
201 Waubesa Street  
Madison, Wisconsin 53704*

*Prepared By  
TRC Environmental Corporation  
708 Heartland Trail, Suite 3000  
Madison, Wisconsin 53717*



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Appendix C	Cover Maintenance Plan for BRRTS #02-13-576860 (Arcadis, 2016)

# Section 1

## Property and Plan Information

---

### 1.1 Site Information

- **Site Location:** 201 Waubesa Street  
Madison, WI 53704
- **Tax Parcel ID #:** 251/0710-053-0801-2
- **WDNR/FID #:** 113125320
- **WDNR BRRTS/Activity #:** 02-13-578014

### 1.2 Contact/Notification Information

- **Site Owner and Operator:** Madison-Kipp Corporation (MKC)  
201 Waubesa Street  
Madison, WI 53704  
608-244-3511
- **Signature:**   
Mark Sheppard  
Environmental, Health, and Safety Manager
- **Consultant:** TRC Environmental Corporation  
708 Heartland Trail, Suite 3000  
Madison, WI 53717  
Attention: Katherine Vater, Project Manager  
(608) 826-3663
- **Wisconsin Department of Natural Resources (WDNR):** Michael Schmoller  
3911 Fish Hatchery Road  
Fitchburg, WI 53711  
(608) 275-3267

### 1.3 Purpose

This document is the Cap Maintenance Plan (Plan) for the above-referenced site, prepared in accordance with the requirements of s. NR 724.13(2) and 727.05(1)(b)2, Wisconsin

Administrative Code and the Stipulation and Order for Judgment between MKC and WDNR (November 22, 2017). The cap consists of a combination of existing concrete building foundation, and concrete/asphalt pavement. The boundaries of the cap can be seen on Figure 1. The cap protects human health and the environment from the residual PCB (polychlorinated biphenyls) contamination by preventing direct contact with remaining contamination from historical operations on the property.

The property owner will maintain a copy of this Plan and make it available to all interested parties (i.e., WDNR, on-site employees, contractors, future property owners, etc.) for viewing upon request.

## **1.4 Contamination Description**

Historical die casting operations that involved hydraulic fluids containing PCBs, and dust suppression of the parking lot using PCB-containing oils at the facility resulted in PCB impacts to soil. Residual contamination from these activities remains on-site in the soil above the NR 720 industrial direct contact residual contaminant levels (RCL) for soil.

The locations of soil known to contain exceedances above their RCLs are shown on Figure 1, and cross sections under the facility floor showing the PCB concentrations in the soil can be seen in Figure 2.

## **1.5 Notifications**

Madison-Kipp Corporation will notify WDNR within 60 days of any planned changes in occupancy, land or property use, or system modifications.

In the event that necessary maintenance activities require limited removals of the cap, MKC will notify workers of potential direct contact exposure hazard.

Restoration of portions of the cap with similar or superior materials (e.g., replacing asphalt with concrete) is allowable, but notification and documentation of the restoration and any change in conditions must be provided by MKC to WDNR upon completion of the repairs.

## **1.6 Amendment or Withdrawal of Cap Maintenance Plan**

This Plan may not be withdrawn or amended unless approved by WDNR.

## Section 2

# Cap Maintenance Plan

---

### 2.1 Cap Description

The majority of the site is capped with an impermeable surface approximately 3 to 12 inches thick consisting of concrete building foundations, or concrete/asphalt pavement. In particular, the cap being inspected under this maintenance plan is primarily the concrete building floor/foundation. Figure 1 shows the surface features that comprise the cap. Figure 1 also shows the existing cap for BRRTS #02-13-576860, and a copy of that Cap Maintenance Plan is included in Appendix C. Note that these two caps will be inspected separately, as they are associated with separate BRRTS cases.

Photographs of the current conditions of the cap are included in Appendix B. Based on the current and future planned use of the property as a manufacturing facility, the cap should function as intended unless disturbed.

### 2.2 Cap Inspection

The cap needs to be inspected annually by the property owner or their designated representative. An inspection checklist (WDNR Form 4400-305) is provided in Appendix A.

The inspections will be performed to evaluate damage due to settling, exposure to weather, wear from traffic, or other factors. The cap will be inspected for deterioration, cracks, and other potential problems that could cause exposure to underlying soils. Any area where soils have become or are likely to become exposed will be documented and repairs will be planned.

A log of the inspections and any repairs will be maintained by current and future property owner(s). The log will include recommendations for necessary repair of any areas where the cap is not performing as intended. The inspection log and record of the repairs/maintenance will be kept on site, and will be made available to all interested parties (e.g., WDNR, on-site employees, contractors, future property owners) upon request.

### 2.3 Maintenance

If damage to the cap is noted during the inspections, or at any other time during the year, repairs will be scheduled as soon as practical. Damage to the cap are significant deficiencies that allow surface water infiltration and direct contact with contaminated soil. Small cracks or

gaps in the cap do not need to be immediately addressed, so long as the overall integrity of the cap is ensured.

Repairs to the cap may include, but are not limited to, patching and filling significant cracks, or resurfacing sections of the site. In the event the paved surfaces or buildings overlying the contaminated soil are removed or replaced, the replacement barrier must be equally impervious and protective. Any replacement barrier will be subject to the same maintenance and inspection guidelines as outlined in this Plan unless indicated otherwise by the WDNR, or its successor.

A record of the repairs/maintenance actions will be kept with the inspection log and copy of the Plan, and will be made available to all interested parties (e.g., WDNR, on-site employees, contractors, future property owners).

In the event that necessary maintenance activities expose the underlying soil, the property owner will inform workers of any direct contact exposure hazard that might exist in a particular work area. The owner will also sample the concrete removed and any soil that is excavated from the site prior to off-site disposal to ascertain if contamination remains. The material will be managed and disposed of by the property owner (or other responsible party) in accordance with applicable local, state, and federal law. Soils may be disposed of as “contaminated” in lieu of sampling if it is likely that characterization would indicate the same. WDNR should be notified of the analytical results within 60 days, or at other interval agreed upon by WDNR.

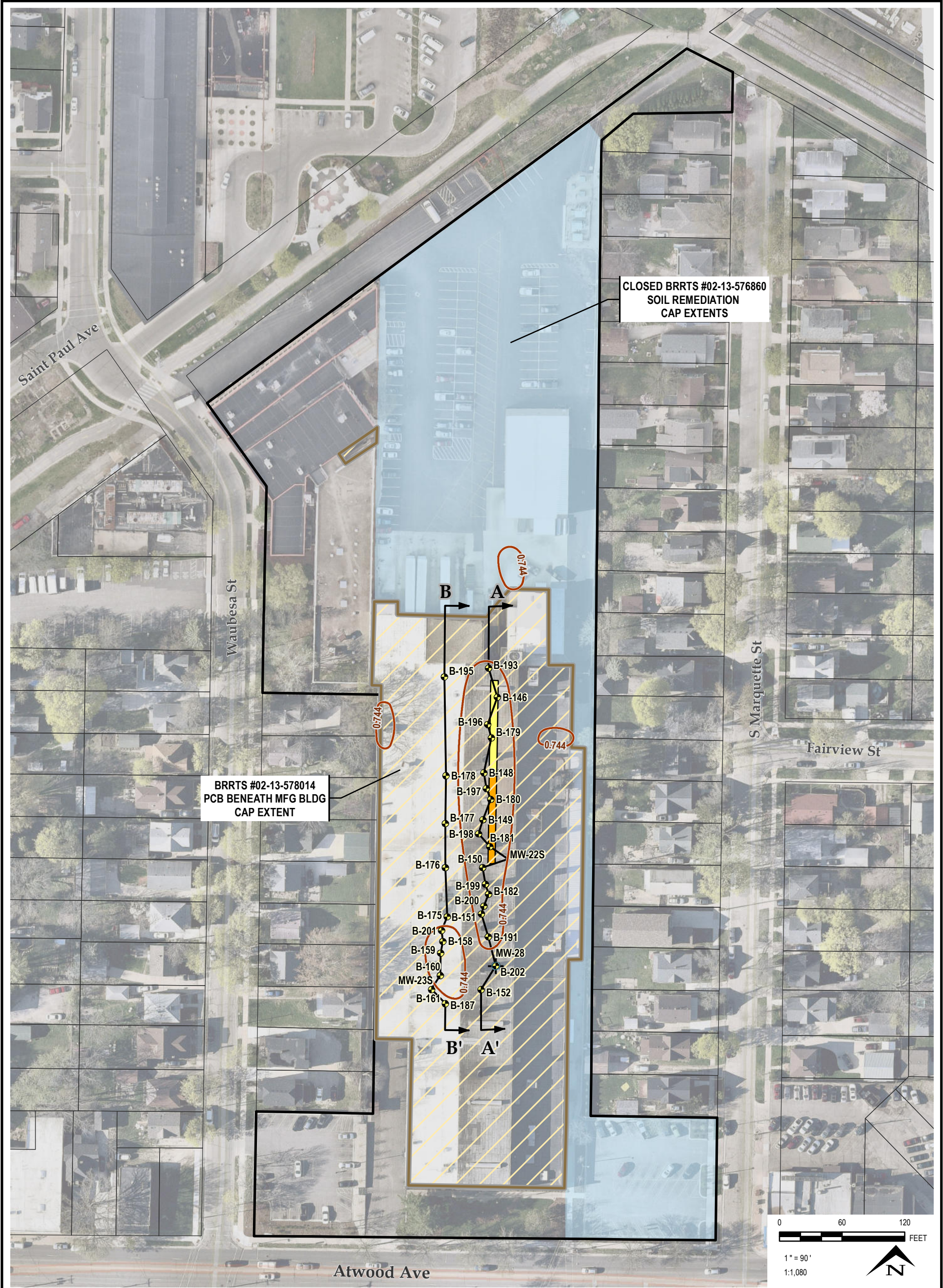
## 2.4 Prohibited Activities

The following activities are prohibited unless prior approval, verbal or written, is received from Madison-Kipp Corporation (only until site closure) and WDNR:

- Removal or modification of cap
- Replacement of cap with another barrier, unless it is considered equal
- Excavating or grading of the land surface
- Filling on covered or paved areas
- Plowing or agricultural cultivation
- Construction or placement of a building or other structure
- Changing the use or occupancy of the property, and
- Installation of a water well or soil boring.

Additional testing may be completed to support the WDNR’s approval of the aforementioned activities.





LEGEND

SITE PROPERTY BOUNDARY

BORING LOCATION

ABANDONED MONITORING WELL LOCATION

PCB MFG BLDG CAP (BRTS #02-13-578014)

CROSS SECTION LOCATION

APPROXIMATE CENTER ISLE EXCAVATION

3' EXCAVATION DEPTH

4' EXCAVATION DEPTH

CAPPED AREA FROM CLOSED BRTS #02-13-576860

TOTAL POLYCHLORINATED BI PHENYL ISOCONCENTRATION CONTOUR (MG/KG)

NOTES

1. BASE MAP IMAGERY FROM NEARMAP, 4/24/2017.

2. SAMPLE AND CAP LOCATIONS PROVIDED BY ARCADIS, FEATURES LOCATIONS ARE APPROXIMATE.

TRC

708 Heartland Trail  
Suite 3000  
Madison, WI 53717  
Phone: 608.826.3600

PROJECT:

MADISON-KIPP CORPORATION  
201 WAUBESA STREET  
MADISON, WISCONSIN

TITLE:

BRTS #02-18-578014 - PCB BENEATH MFG BLDG  
CAP MAINTENANCE PLAN  
CAP EXTENTS

DRAWN BY:

B. DEEGAN

CHECKED BY:

B. WACHHOLZ

APPROVED BY:

K. VATER

DATE:

FEBRUARY 2018

PROJ. NO.:

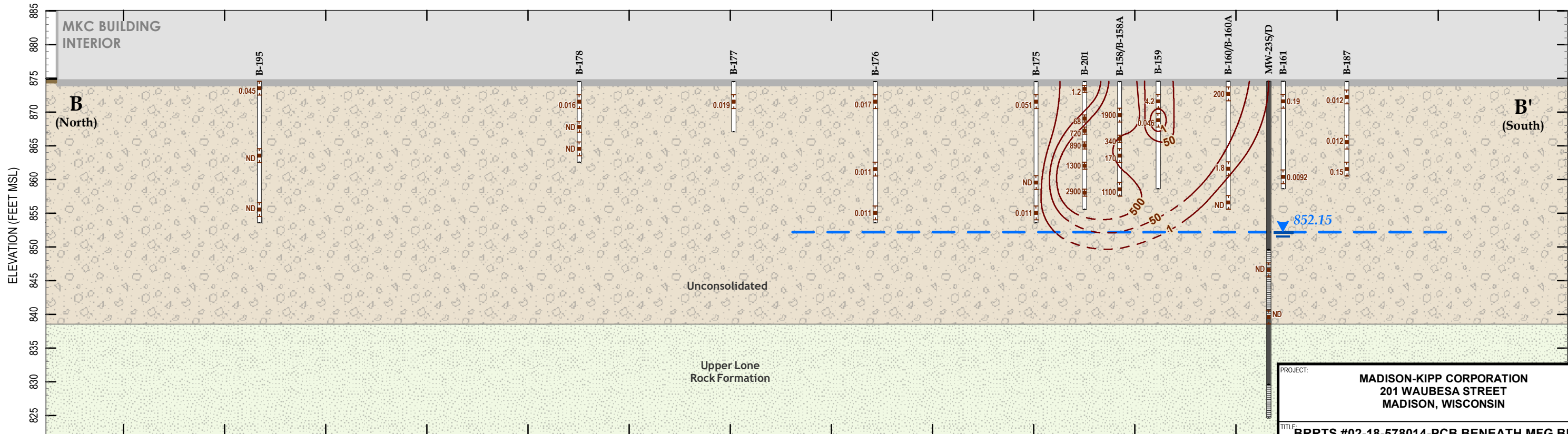
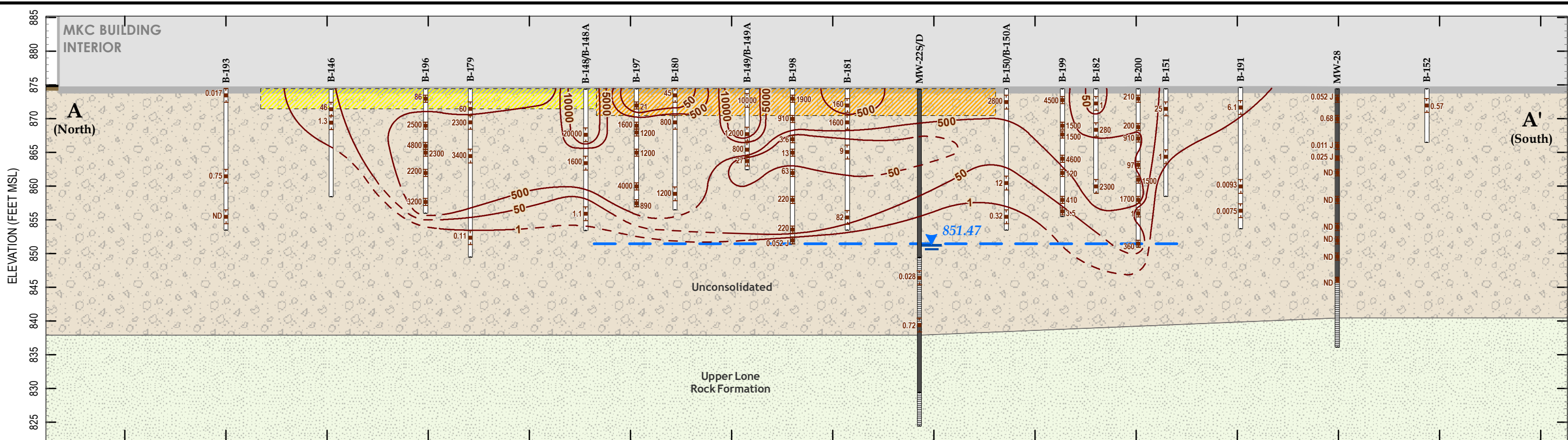
269392

FILE:

269392-003.mxd

FIGURE 1



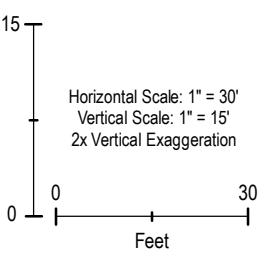


**LEGEND**

- |  |  |  |
|--|--|--|
| SOIL BORING  | PCB SAMPLE DEPTH INTERVAL                                | 3' DEEP EXCAVATION<br>4' DEEP EXCAVATION |
| WELL CASING  | 220 PCB CONCENTRATION [mg/kg]                            |  |
| WELL SCREEN  | J ESTIMATED RESULT (LESS THAN QUANTITATION LIMIT)        |  |
| WATER TABLE ELEVATION (HIGHEST MEASURED IN MW-22S AND MW-23S, 7/15/2013) | ND NOT DETECTED  |  |
|  | PCB ISOCONCENTRATION LINE (mg/kg, DASHED WHERE INFERRED) |  |

**NOTES**

- FIGURE 1 INCLUDES THE GEOLOGICAL CROSS SECTION LOCATION MAP.
- FEATURES SHOWN ARE APPROXIMATE.
- PCB RESULTS SHOWN ARE FROM DIFFERENT SAMPLING EVENTS OCCURRING BETWEEN 2012 AND 2015.
- EXCAVATION AREAS SHOWN ON CROSS SECTION A-A' REPRESENT AN EXCAVATION AREA LOCATED IN THE VICINITY OF, BUT NOT DIRECTLY COINCIDENT WITH, THE CROSS SECTION, AS SHOWN ON FIGURE 1.
- MONITORING WELLS MW-22S, MW-22D, MW-23S AND MW-23D WERE ABANDONED ON JANUARY 16, 2018.



PROJECT: MADISON-KIPP CORPORATION 201 WAUBESA STREET MADISON, WISCONSIN	
TITLE: BRRTS #02-18-578014-PCB BENEATH MFG BLDG GEOLOGIC CROSS SECTIONS A-A' AND B-B' PCB CONCENTRATIONS	
DRAWN BY: J. PAPEZ	PROJ NO.: 269392
CHECKED BY: S. SELLWOOD	<b>FIGURE 2</b>
APPROVED BY: K. VATER	
DATE: FEBRUARY 2018	
708 Heartland Trail, Suite 3000 Madison, WI 53717 Phone: 608.826.3600 www.trcsolutions.com	
FILE NO.:	269392-005.mxd

# Appendix A

## WDNR Form 4400-305

---



**Directions:** In accordance with s. NR 727.05 (1) (b) 3., Wis. Adm. Code, use of this form for documenting the inspections and maintenance of certain continuing obligations is required. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]. When using this form, identify the condition that is being inspected. See the closure approval letter for this site for requirements regarding the submittal of this form to the Department of Natural Resources. A copy of this inspection log is required to be maintained either on the property, or at a location specified in the closure approval letter. Do NOT delete previous inspection results. This form was developed to provide a continuous history of site inspection results. The Department of Natural Resources project manager is identified in the closure letter. The project manager may also be identified from the database, BRRTS on the Web, at <http://dnr.wi.gov/botw/SetUpBasicSearchForm.do>, by searching for the site using the BRRTS ID number, and then looking in the "Who" section.

Activity (Site) Name	BRRTS No.
----------------------	-----------

Inspections are required to be conducted (see closure approval letter): <input type="radio"/> annually <input type="radio"/> semi-annually <input type="radio"/> other – specify _____	When submittal of this form is required, submit the form electronically to the DNR project manager. An electronic version of this filled out form, or a scanned version may be sent to the following email address (see closure approval letter):
---	---

Inspection Date	Inspector Name	Item	Describe the condition of the item that is being inspected	Recommendations for repair or maintenance	Previous recommendations implemented?	Photographs taken and attached?
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

BRRTS No. \_\_\_\_\_

Activity (Site) Name \_\_\_\_\_

## Continuing Obligations Inspection and Maintenance Log

Form 4400-305 (2/14)

Page 2 of 2

{Click to Add/Edit Image}

Date added:

Title:

{Click to Add/Edit Image}

Date added:

Title:

# Appendix B

## Cap Photo Log

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## Photographic Log

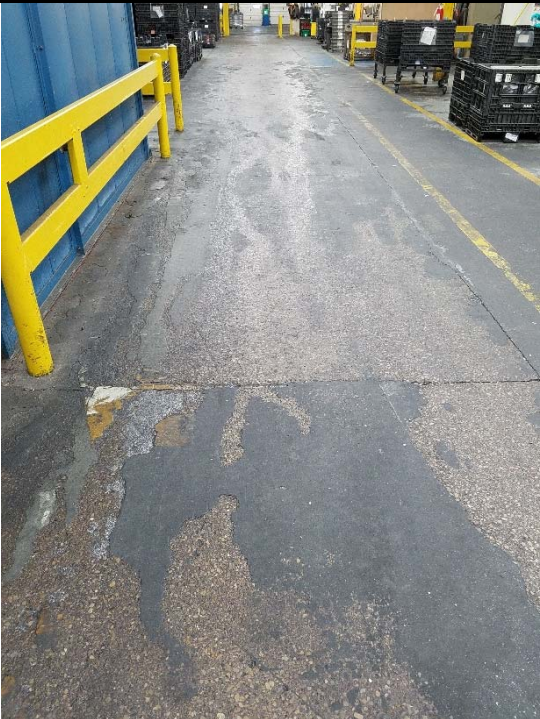



Client Name:		Site Location:	Photographer:	Project No.:
Madison-Kipp Corporation (MKC) Cap Maintenance Plan – BRRTS #02-13-578014		Madison, Wisconsin	Andrew Stehn and Ben Wachholz – TRC	269392.0000
Photo No.	Date			
1	2/6/2018			
<b>Description</b> Previously repaired concrete floor inside MKC facility, facing south				

Photo No.	Date			
2	2/6/2018			
<b>Description</b> Concrete floor inside MKC facility, facing west				



## Photographic Log

<b>Client Name:</b> Madison-Kipp Corporation (MKC) Cap Maintenance Plan – BRRTS #02-13-578014		<b>Site Location:</b> Madison, Wisconsin	<b>Photographer:</b> Andrew Stehn and Ben Wachholz – TRC	<b>Project No.:</b> 269392.0000
<b>Photo No.</b> 3	<b>Date</b> 2/6/2018			
<b>Description</b> Concrete floor inside MKC facility near loading dock, facing northeast				

<b>Photo No.</b> 4	<b>Date</b> 2/6/2018			
<b>Description</b> Previously repaired concrete floor inside MKC facility showing areas covered in polyurethane, facing southeast				





## Photographic Log


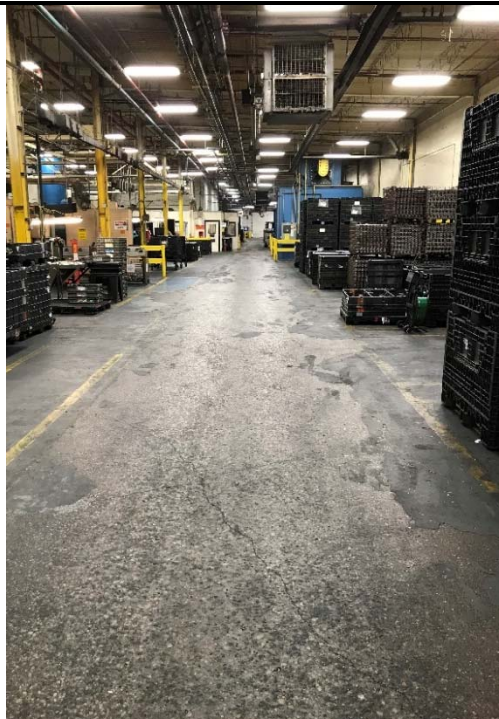
<b>Client Name:</b> Madison-Kipp Corporation (MKC) Cap Maintenance Plan – BRRTS #02-13-578014		<b>Site Location:</b> Madison, Wisconsin	<b>Photographer:</b> Andrew Stehn and Ben Wachholz – TRC	<b>Project No.:</b> 269392.0000
<b>Photo No.</b>  5	<b>Date</b>  2/6/2018			
<b>Description</b> Concrete floor inside MKC facility, facing west				

Photo No.	Date	
6	2/6/2018	
<b>Description</b> Concrete floor inside MKC facility, facing south		

# Appendix C

## Cover Maintenance Plan for BRRTS #02-13-576860 (Arcadis, 2016)

---



**COVER or BARRIER MAINTENANCE PLAN**  
*(to be included in Form 4400-202, as Attachment D)*

February 10, 2016

Property Located at:

201 Waubesa St., Madison, WI 53704

DNR BRRTS/Activity #, FID # 113125320

Parcel ID: 071005308012

**Introduction**

This document is the Maintenance Plan for a cap at the above-referenced property in accordance with the requirements of s. NR 724.13 (2), Wis. Adm. Code. The maintenance activities relate to the existing cap which addresses or occupies the area over the contaminated groundwater plume or soil.

More site-specific information about this property/site may be found in:

- The case file in the DNR Madison office
- [BRRTS on the Web](#) (DNR's internet based data base of contaminated sites) for the link to a PDF for site-specific information at the time of closure and on continuing obligations;
- [RR Sites Map/GIS Registry layer](#) for a map view of the site, and
- The DNR project manager for Dane County.

**D.1. Descriptions:**

*(Form 4400-202, Attachment D, Part D1. – brief description of the type, depth and location of residual contamination, description of the system/cover/barrier to be maintained, and its location on the site, maintenance activities, and contact information.)*

Description of Contamination

VOCs- soil VOC concentrations were reported above the industrial direct contact RCL generally near the former oil shed in the upper 2 feet of soil. Soil VOC concentrations were reported above the soil to groundwater pathway RCL in the north parking lot.

PCBs - soil PCB concentrations were reported above the industrial direct contact RCL at depths from 0 to 4 feet bls and greater than 4 feet bls. PCB concentrations were generally observed along the western property line and in the north parking lot in the upper 4 feet of soil. Residual PCB concentrations are less than 50 mg/kg on Site and will remain under a cap. Residual PCB concentrations at the site boundary are less than 1 mg/kg.

PAH- Soil PAH concentrations were reported above the industrial direct contact RCL from 0 to 4 feet and at two soil borings advanced to depths greater than 4 feet.

RCRA Metals - Arsenic was detected in all soil samples analyzed with concentrations ranging from 0.37 to 100 mg/kg. The average and geometric mean for the arsenic concentrations were 6.3 mg/kg and 4.5 mg/kg, respectively. Based on the widespread distribution of arsenic in the soil within such a narrow range of concentrations, the presence of arsenic appears to represent naturally occurring background conditions.

Soil RCRA metal concentrations, excluding arsenic, were reported above the industrial direct contact RCL in Soil Boring B-54 in the north parking lot for lead (5,600 mg/kg) and mercury (19 mg/kg). These metals were delineated vertically by soil samples analyzed from the same borings or an adjacent boring and horizontally by adjacent borings and/or off-Site soil samples collected from the adjacent residential properties. Soil metal concentrations were reported above the soil to groundwater pathway RCL in 10 soil borings for barium, mercury, lead, or selenium from depths greater than 4 feet bls.

#### Description of the Barrier to be Maintained

The cap consists of 6" asphalt in the north parking lot, 3" asphalt in the southeast parking lot and 3" concrete in along the east side of the facility building as shown on Figure D.2.

#### Barrier Purpose

The asphalt and concrete cap over the contaminated soil serves as a barrier to prevent direct human contact with residual soil contamination that might otherwise pose a threat to human health. The cover/barrier also acts as a partial infiltration barrier to minimize future soil-to-groundwater contamination migration that would violate the groundwater standards in ch. NR 140, Wisconsin Administrative Code. Based on the current use of the property, industrial, the barrier should function as intended unless disturbed.

#### Annual Inspection

The asphalt and concrete cap overlying the contaminated soil and as depicted in Figure D.2 will be inspected once a year, normally in the spring after all snow and ice is gone, for deterioration, cracks and other potential problems that can cause exposure to underlying soils. The inspections will be performed by the property owner or their designated representative. The inspections will be performed to evaluate damage due to settling, exposure to the weather, wear from traffic, increasing age and other factors. Any area where soils have become or are likely to become exposed will be documented.

A log of the inspections and any repairs will be maintained by the property owner and is included as D.4, Form 4400-305, Continuing Obligations Inspection and Maintenance Log. The log will include recommendations for necessary repair of any areas where underlying soils are exposed and where infiltration from the surface will not be effectively minimized. Once repairs are completed, they will be documented in the inspection log. A copy of the maintenance plan and inspection log will be kept at the site; or, if there is no acceptable place (for example, no building is present) to keep it at the site, at the address of the property owner and available for submittal or inspection by Wisconsin Department of Natural Resources (DNR) representatives upon their request.

[Note: The DNR may, in some instances, require in the case closure letter that the inspection log be submitted at least annually after every inspection. If the case closure letter requires that, then add the following sentence to the paragraph above: A copy of the inspection log must be submitted electronically to the DNR after every inspection, at least annually.]

#### Maintenance Activities

*(Form 4400-202, Attachment D, Part D1. – Description of Maintenance Actions required for maximizing effectiveness of the cover/barrier/engineered control, feature or other action for which maintenance is required.)*

If problems are noted during the annual inspections or at any other time during the year, repairs will be scheduled as soon as practical. Repairs can include patching and filling or larger resurfacing or construction

operations. In the event that necessary maintenance activities expose the underlying soil, the owner must inform maintenance workers of the direct contact exposure hazard and provide them with appropriate personal protection equipment (PPE). The owner must also sample any soil that is excavated from the site prior to disposal to ascertain if contamination remains. The soil must be treated, stored and disposed of by the owner in accordance with applicable local, state and federal law.

In the event the asphalt and concrete cap overlying the contaminated soil are removed or replaced, the replacement barrier must be equally impervious. Any replacement barrier will be subject to the same maintenance and inspection guidelines as outlined in this Maintenance Plan unless indicated otherwise by the DNR or its successor.

The property owner, in order to maintain the integrity of the asphalt and concrete cap, will maintain a copy of this Maintenance Plan at the site; or, if there is no acceptable place to keep it at the site (for example, no building is present), at the address of the property owner and make it available to all interested parties (i.e. on-site employees, contractors, future property owners, etc.) for viewing.

#### Prohibition of Activities and Notification of DNR Prior to Actions Affecting a Cover/Barrier

The following activities are prohibited on any portion of the property the engineered cap is required as shown on the attached map, unless prior written approval has been obtained from the Wisconsin Department of Natural Resources: 1) removal of the existing barrier; 2) replacement with another barrier; 3) excavating or grading of the land surface; 4) filling on capped or paved areas; 5) plowing for agricultural cultivation; 6) construction or placement of a building or other structure; 7) changing the use or occupancy of the property to a residential exposure setting, which may include certain uses, such as single or multiple family residences, a school, day care, senior center, hospital, or similar residential exposure settings;

If removal, replacement or other changes to a cover, or a building which is acting as a cover, are considered, the property owner will contact DNR at least 45 days before taking such an action, to determine whether further action may be necessary to protect human health, safety, or welfare or the environment, in accordance with s. NR 727.07, Wis. Adm. Code.

#### Amendment or Withdrawal of Maintenance Plan

This Maintenance Plan can be amended or withdrawn by the property owner and its successors with the written approval of DNR.

#### Contact Information

*(Form 4400-202, Attachment D, Part 1.) Contact Information, including the name, address and phone number of the individual or facility who will be conducting the maintenance.)*

February 2016

Site Owner and Operator:      Madison-Kipp Corporation  
201 Waubesa St., Madison, WI 53704  
608-242-5200

Signature: \_\_\_\_\_

(DNR may request signature of affected property owners, on a case-by-case basis)

Property Owner: Madison-Kipp Corporation  
201 Waubesa St., Madison, WI 53704  
608-242-5200

Signature: \_\_\_\_\_

Consultant: Arcadis, U.S.  
126 N Jefferson St. Suite 400, Milwaukee, WI 53202  
414-276-7742

DNR: Michael Schmoller  
Wisconsin Department of Natural Resources  
South Central Region  
3911 Fish Hatchery Road  
Fitchburg, WI 53711

**D.2 Location Map(s)**

*Include a location map which shows:*

- (1) the feature that requires maintenance;*
- (2) the location of the feature(s) that require(s) maintenance: on and off the source property;*
- (3) the extent of the structure or feature(s) to be maintained, in relation to other structures or features on the site;*
- (4) the extent and type of residual contamination; and*
- (5) all property boundaries.*

**D.3 Photographs of Cover/Barrier**

*Include one or more photographs documenting the condition and extent of the cover/barrier/building/slab at the time of the closure request. Pertinent features must be visible and discernible. Include a title on each photograph, which identifies the site name and location of the feature, and the date on which the photograph was taken.*

**D.4 Continuing Obligations Inspection and Maintenance Log**

Use DNR Fillable Form [Form 4400-305](#)



## **Monitoring Well Maintenance Plan Template**

### **D.1. Descriptions and Contact Information: (Form 4400-202, Attachment D, Part 1.)**

#### **Descriptions:**

- Provide a description of which wells were kept/required for continued monitoring.
- Provide a description of the well lock, well seal type/materials and condition at the time of closure. Reference the sampling plan.
- Describe the maintenance activities which will be conducted.
- Inspections are to be conducted on a yearly basis. Inspections are recommended in spring after snow and ice are gone. In accordance with s. NR 716.13 (14), Wis. Adm. Code, verify the integrity of the well labels, lock and seal. Determine whether the wells are providing a conduit to the subsurface.
- Describe the actions to be taken if the well label is missing, the well lock is broken, or the well seal is no longer sealing the annular space from surface contamination.
- Describe in which situations the well should be abandoned in accordance with s. NR 141, Wis. Adm. Code.
- Identify where the maintenance plan and inspection report will be located.

#### **Contact Information:**

[MONTH & YEAR]

Person Conducting the Inspection and maintenance:

[NAME]

[ADDRESS]

[PHONE #]

Signature:

---

Consultant:

[NAME]

[ADDRESS]

[PHONE #]

DNR:

[PROJECT MANAGER NAME]

[ADDRESS]

[PHONE #]

### **D.2. Location Map:**

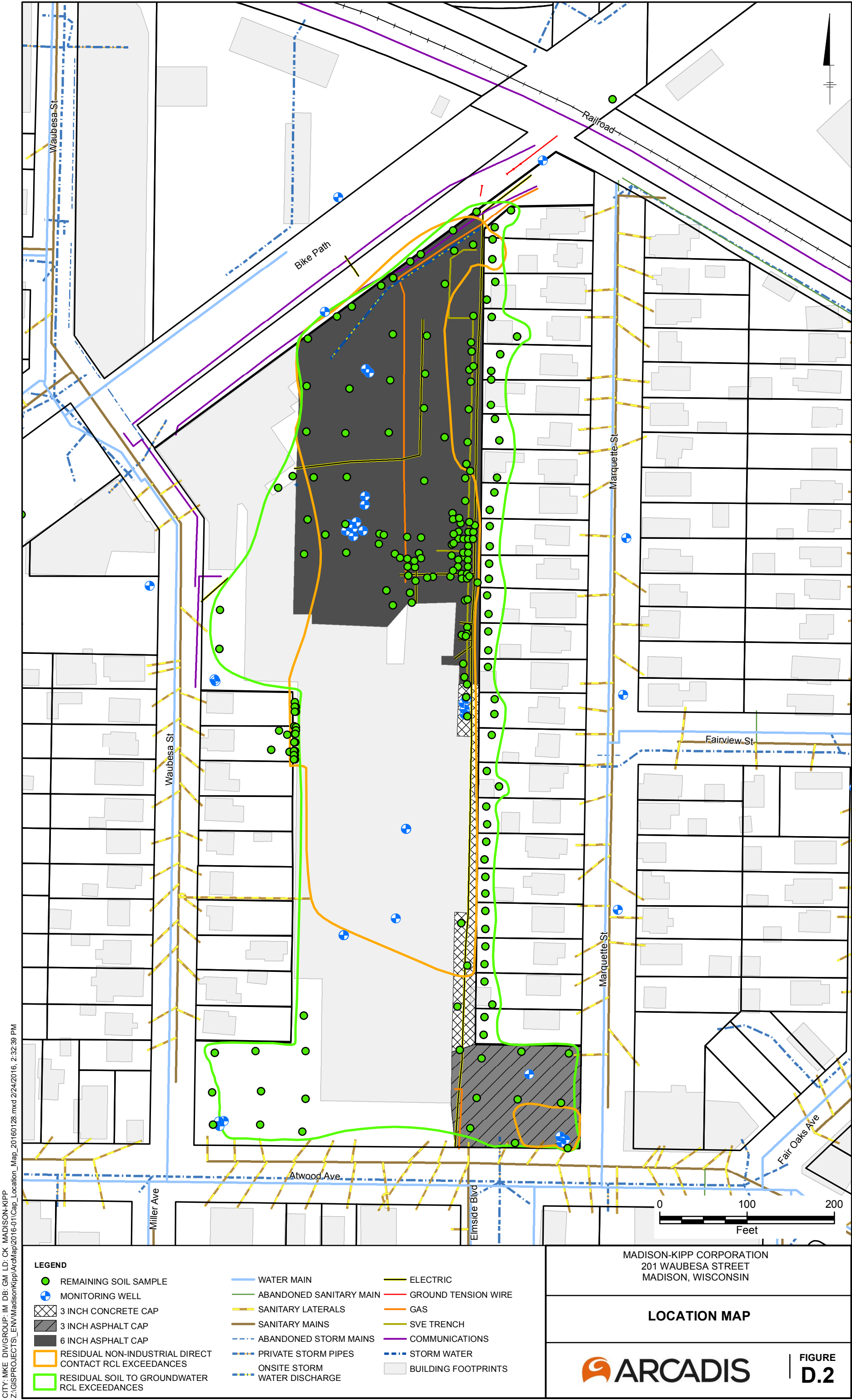
- Provide a location map showing the well location in relation to the property boundaries, buildings, etc. (The site location map from the Site Investigation Report should suffice.) Wells locations are required to be surveyed in accordance with s. NR 141.065 (2), Wis. Adm. Code.

### **D.3. Photograph of Monitoring Well:**

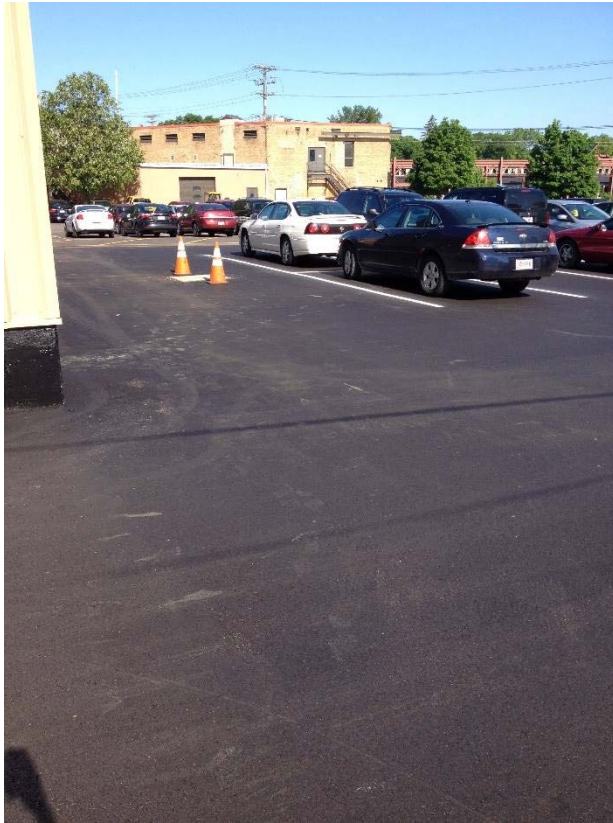
- Include one or more photographs documenting the condition and extent of the well lock and seal the time of the closure request. Pertinent features must be visible and discernible.
- Include a title on each photograph, which identifies the site name and location of the feature, and the date on which the photograph was taken.
- 

### **D.4. Continuing Obligations Inspection and Maintenance Log**

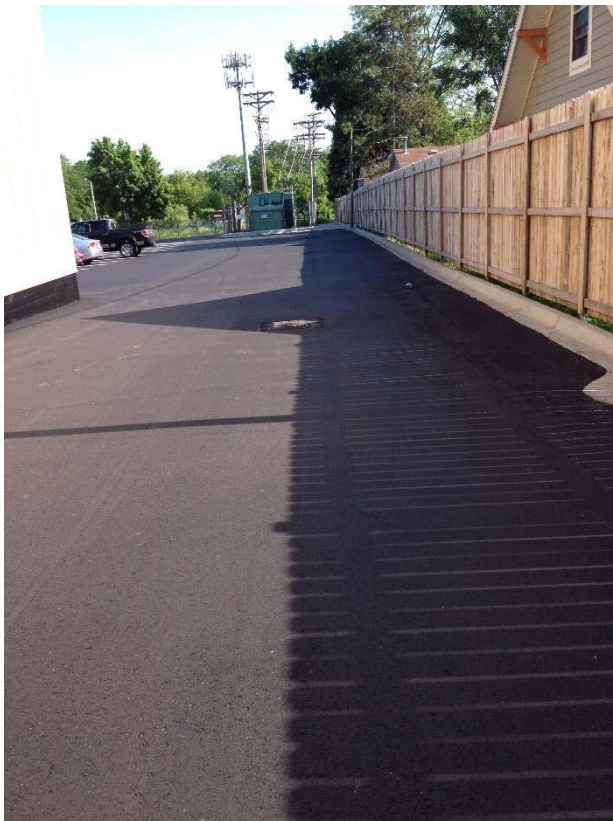
Use DNR Fillable [Form 4400-305](#)



Madison-Kipp Corporation  
Madison, Wisconsin



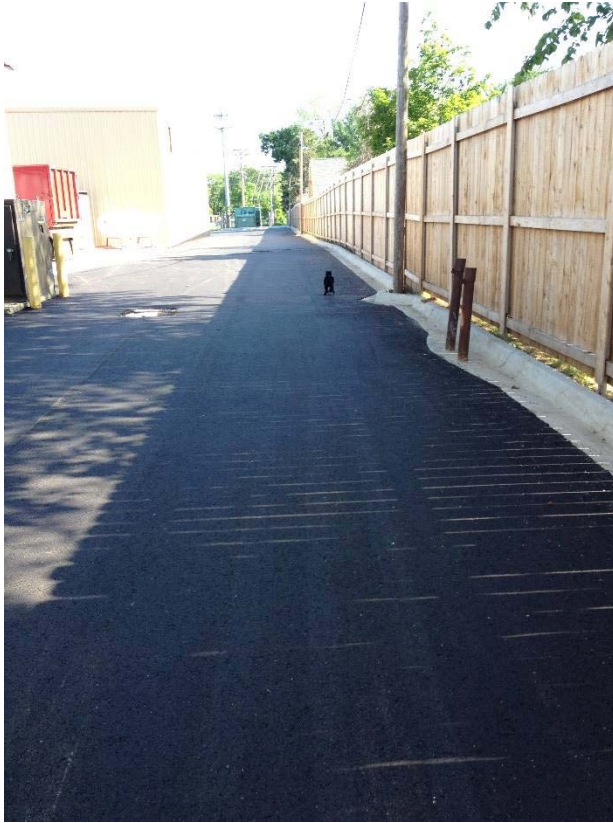
6-inch cap in north  
parking lot (facing west)  
*Photo: June 8, 2015*



6-inch cap in north  
parking lot (facing north)  
*Photo: June 8, 2015*



Madison-Kipp Corporation  
Madison, Wisconsin



6-inch cap in north  
parking lot (facing north)  
*Photo: June 8, 2015*



3-inch concrete cover  
along east property  
boundary(facing north)  
*Photo: January 30, 2016*

Madison-Kipp Corporation  
Madison, Wisconsin



3-inch cap in southeast  
parking lot (facing  
southeast)  
*Photo: January 30, 2016*



3-inch cap in southeast  
parking lot (facing west)  
*Photo: January 30, 2016*



**Directions:** In accordance with s. NR 727.05 (1) (b) 3., Wis. Adm. Code, use of this form for documenting the inspections and maintenance of certain continuing obligations is required. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]. When using this form, identify the condition that is being inspected. See the closure approval letter for this site for requirements regarding the submittal of this form to the Department of Natural Resources. A copy of this inspection log is required to be maintained either on the property, or at a location specified in the closure approval letter. Do NOT delete previous inspection results. This form was developed to provide a continuous history of site inspection results. The Department of Natural Resources project manager is identified in the closure letter. The project manager may also be identified from the database, BRRTS on the Web, at <http://dnr.wi.gov/botw/SetUpBasicSearchForm.do>, by searching for the site using the BRRTS ID number, and then looking in the "Who" section.

Activity (Site) Name	BRRTS No.
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Inspections are required to be conducted (see closure approval letter): <input type="radio"/> annually <input type="radio"/> semi-annually <input type="radio"/> other – specify _____	When submittal of this form is required, submit the form electronically to the DNR project manager. An electronic version of this filled out form, or a scanned version may be sent to the following email address (see closure approval letter):
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Inspection Date	Inspector Name	Item	Describe the condition of the item that is being inspected	Recommendations for repair or maintenance	Previous recommendations implemented?	Photographs taken and attached?
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

BRRTS No.

Activity (Site) Name

## Continuing Obligations Inspection and Maintenance Log

Form 4400-305 (2/14)

Page 2 of 2

{Click to Add/Edit Image}

Date added:

Title:

{Click to Add/Edit Image}

Date added:

Title: